Chlamydia trachomatis Testing Guidelines

Washington State Clinical Laboratory Advisory Council
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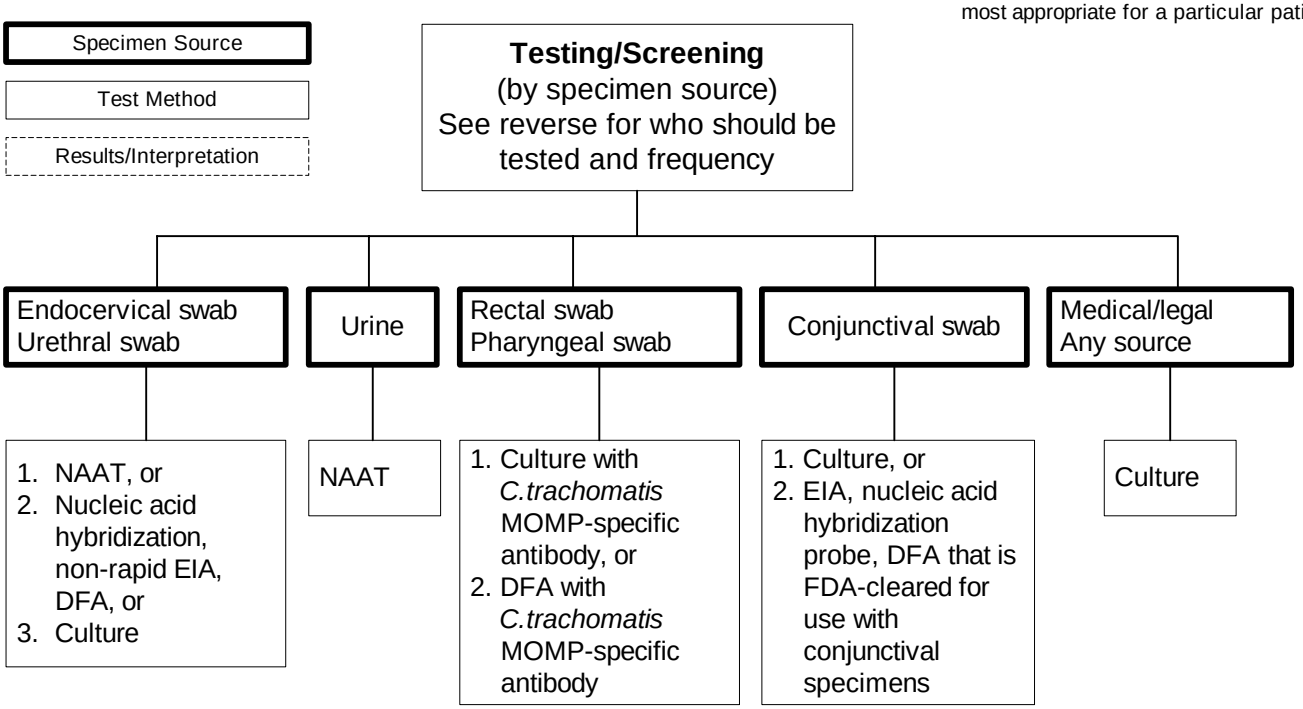
FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.



All positive screening tests should be considered presumptive evidence of infection.
NOTE: Culture does not need confirmation if a MOMP-specific stain is used.

Consider routinely performing an additional test if the positive predictive value of the screening test is less than 90%.

Positive Nonnucleic Acid Amplification Tests (Non-NAAT) should be retested using:
- Culture, or
- Competitive probe after nucleic acid probe, or
- Blocking antibody after EIA, or
- NAAT

An additional test should be considered after a positive screening test if a false-positive screening test would result in substantial adverse medical social or psychological impact for a patient.

Positive NAAT should only be retested using another NAAT

Abbreviations:
DFA = Direct Fluorescence Antibody
EIA = Enzyme Immunoassay
MOMP = Major Outer Membrane Protein
NAAT = Nucleic Acid Amplification Test

References
1) Centers for Disease Control and Prevention. Screening Tests to Detect Chlamydia trachomatis and Neisseria gonorrhoeae Infections - 2002. MMWR 2002; (No. RR-15): 3-37.
2) Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines 2002. MMWR 2002; 51 (No. RR-6): 5, 32-35.
3) Centers for Disease Control and Prevention. Recommendations for the Prevention and Management of Chlamydia trachomatis Infections. MMWR 1993; 42 (No. RR-12)

WHO SHOULD BE TESTED FOR CHLAMYDIA

· Women with mucopurulent cervicitis (defined as a purulent or mucopurulent cervical discharge, easily induced cervical bleeding, and sometimes inflammation in the zone of ectopy), pelvic inflammatory disease, and/or urethral syndrome (defined as acute dysuria and pyuria in the absence of bacteriuria).

· Sexually active women aged 25 years and under.

· Women over 25 with a new sex partner or more than one sex partner.

· Pregnant women.

· Women planning IUD insertion, depending on individual risk as defined by US Preventive Services Task Force guidelines and local *Chlamydia trachomatis* epidemiology.

· Sex partners of persons with chlamydial infection.

· Men with urethritis or epididymitis.

· Young men (aged 25 years and under) seeking routine health care should be evaluated for asymptomatic chlamydial infection if risk factors are identified.

FREQUENCY OF TESTING

· Sexually active adolescent women should be screened for chlamydial infection at least annually, even if symptoms are not present.

· All other women who meet the suggested screening criteria (listed above) should be tested for chlamydia annually unless a sexual risk assessment indicates more frequent screening.

· Routine test of cure is not recommended for persons treated with the recommended regimens unless therapeutic compliance is in question or symptoms persist or reinfection is suspected except in pregnant women. If a nucleic acid amplification test (NAAT) is used to determine if the patient is cured, the specimen should not be collected sooner than four weeks after completion of treatment.

· All women with chlamydial infection should be re-tested for *C. trachomatis* 3-4 months after treatment (rescreening). Rescreening is indicated regardless of whether the woman has resumed sexual activity, has had protected or unprotected intercourse, and whether or not she is confident all sex partners were treated. Any visit to the clinic by the patient that occurs at least 10 weeks after treatment for chlamydia, should be used as an opportunity for rescreening. If a NAAT is used, rescreening can be done on urine or a self-obtained vaginal swab, without a pelvic examination.

· A test for *C. trachomatis* should be performed at the first prenatal visit. Women aged <25 years and those at increased risk for chlamydia (i.e., women who have a new or more than one sex partner) also should be tested during the third trimester to prevent maternal postnatal complications and chlamydial infection in the infant.